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(23159)

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11707

State File No. \_\_\_\_\_

Registration District No. 684

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Harriet Rue Wiess

3. (b) If veteran, name war ✓

3. (c) Social Security No. 195-14-1504

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Andy Wiess

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 15 1878  
(Month) (Day) (Year)

8. AGE:

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <u>63</u> | <u>0</u> | <u>12</u> | hr. _____ min. _____ |

9. Birthplace Rockport ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Wm Rue

13. Birthplace Penn  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Coil

15. Birthplace W Va  
(City, town, or county) (State or foreign country)

16. (a) Informant Jona Wiles Johnson

(b) Address Louisiana Mo

17. (a) Buried (b) Date thereof 3/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home

18. (a) Signature of funeral director W. H. Hays

(b) Address Louisiana Mo

19. (a) 3/30/41 (b) W. Hays  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")

(d) Street No. 403 Wherman Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1941 hour 10:00 minute \_\_\_\_\_ PM.

21. I hereby certify that I attended the deceased from March 26, 1941, to March 29, 1941;  
that I last saw her alive on March 29, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chronic myocarditis and myocardial degeneration

Duration 3 days

Due to \_\_\_\_\_ 8 years

Other conditions (Include pregnancy within 3 months of death) U.S.H.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 670

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Eugene Pitts (M. D. or other) U.S.H.  
Address Louisiana Mo Date signed 3/28/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 4-41-701

Date Filed APR 10 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

George O. Wagner, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.